STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	01/09/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT FORT WAYNE	4730 E STATE BLVD FORT WAYNE, IN 46815

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R0000	This visit was for a State Residential Licensure Survey. Survey dates: January 8 & 9, 2013 Facility number: 003273 Provider number: 003273 AIM number: N/A Survey team: Rick Blain, RN - TC Carol Miller, RN Diane Nilson, RN Census bed type: Residential: 55 Total: 55 Census payor type: Other: 55 Total: 55 Sample: 9 These state findings are cited in accordance with 410 IAC 16.2. Quality review completed January 10, 2013 by Randy Fry RN.	R0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0241	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. Based on interview and record review the facility failed to ensure laboratory tests were obtained according to physician's orders. This deficiency affected 1 of 9 residents reviewed for following physician orders for obtaining laboratory tests (Resident #14). Findings include: The clinical record of Resident #14 was reviewed on 1/8/13 at 1:30 p.m. and indicated Resident #14 diagnoses included, but were not limited to, diabetes, hypertension and peripheral vascular disease. Physician's orders, dated 12/4/12, indicated laboratory tests for a complete blood count, chemistry 6, thyroid stimulating hormone, liver profile, lipid panel, and hgba1c were to be obtained on 12/11/12 for diagnoses of edema, hypertension, diabetes, and dyslipidemia.	R0241	Resident #14's physician was called on 01/08/13 and was informed of the missed laboratory (draw) test. Per approval of the physician the lab draw was done on 01/09/13 and 01/10/13.Resident Care Director and Memory Care Director reviewed resident's medical records and found that no labs had been omitted on 01/08/13.A physician order for a laboratory test will be placed on the resident's Medication Administration Record (MAR) indicating the date ordered and the date to be drawn.When the laboratory test has been completed, results received and faxed to the physician, the nurse will initial the MAR that it is completed and document that the before mentioned has been completed. Instant in-service on this procedure for nursing was started on 01/09/13 and will be reviewed with an in-service on 01/23/13 by the Resident Care Director or designee. The Resident Care Director and/or designee will audit laboratory orders to ensure they have been	01/25/2013

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	There were no laboratory test results on Resident #14's chart dated 12/11/12 for the complete blood count, chemistry 6, thyroid stimulating hormone, liver profile, lipid panel, and hgba1c for diagnosis of edema, hypertension, diabetes, and dyslipidemia. The facility Resident Care Director (RCD) was interviewed on 1/8/12 at 2:15 p.m. in regard to Resident #14's laboratory tests. During the interview, the RCD indicated she had called the laboratory and the laboratory staff indicated they had entered the laboratory tests in their computer but had not signed off on the orders, so the laboratory tests had not been completed as ordered. When further queried, the RCD indicated there was no system in place to ensure laboratory tests were obtained according to physician's orders.		drawn: Two times a week times four weeks, once a week times four weeks, two times a month for one month and then once a month. Results will be at the monthly CQI meeting, the Regional team will review on site visits an annually during the Comprehensive Process Review.01/25/13 (Date Completed)	

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R0406	410 IAC 16.2-5-12(a) Infection Control - Offense (a) The facility must establish and maintain an infection control practice designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of diseases and infection. Based on observations, interviews, and record review, the facility failed to ensure a glucometer (device used for testing blood sugar levels) was disinfected correctly . This deficiency affected 1 of 1 residents observed for glucose (blood sugar) monitoring (Resident # 14) Findings include: On 1/8/13 at 11:15 a.m., LPN #1 was observed to use a glucometer to test a drop of blood from Resident #14's finger. LPN #1 did not clean the glucometer prior to obtaining the resident's blood. After obtaining the blood sample, LPN #1 left the resident's room and set the glucometer on top of the medication cart. LPN #1 was interviewed in regard to cleaning the glucometer. LPN #1 indicated she was "unsure what to use" to disinfect the glucometer. LPN #1 was then observed to clean the glucometer with an alcohol based hand sanitizer.	R0406	R 406A glucometer was given for Resident #14 for individual use.Residents that use a glucometer were each given their own individual one per the Resident Care Director and labeled with their name on 01/08/13. Nursing staff were given Instant In-services per the Resident Care Director on using the Resident's designated glucometer, cleaning of the glucometer before and after use. On 01/08/13 Dispatch wipes were ordered and overnighted for use. Ordered for routine will be Gluco-chlor wipes which the Resident Care Director (or designee) will review at the Nursing In-service on 01/23/13, along with the above protocol.Resident Care Director and /or designee to monitor protocol will observe three residents glucometer test times four a week for four weeks, three residnts twice a week for four weeks, one resident once a week for four weeks. Than once a month monitor a random glucometer test. Results will be reviewed at the monthly CQI meeting, the Regional team will review on site visits and annually	01/25/2013

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	The clinical record of Resident #14 was reviewed on 1/8/13 at 1:30 p.m. and indicated diagnoses included, but were not limited to, diabetes mellitus. Physician orders, dated 7/2/12, indicated Resident #14's blood glucose levels were to be checked four times a day. On 1/8/ 2013 at 3:05 p.m., the Resident Care Director (RCD) was interviewed in regard to the cleaning of glucometers. During the interview, the RCD indicated glucometers were to be cleaned with alcohol. The RCD further indicated the glucometer was used on eleven other residents in the facility who also had orders for glucose testing. The manufacturer's recommendation for the Quintet Blood Glucose Monitoring System, received from the RCD on 1/9/13 at 9:00 a.m., indicated the glucometer was to be cleaned with an alcohol swab. Current Center for Disease Control guidelines indicate glucometers are to be disinfected by using a product that is formulated to kill blood borne pathogens including, but not limited to, hepatitis B, hepatitis C, and HIV viruses.		during the Comprehensive Process Review.01/25/13 (Date Completed.	

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